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ABSTRACT

One hundred twenty tape recorded psychotherapy sessions representing early, middle, and late interviews with 20 clients were studied. Clients were divided into successful (N-10) and unsuccessful outcome (N-10) groups on the basis of clinicians' ratings of pre- and post-MMPI data. Raters scored the response units of clients and therapists and labeled as complementary the following elicitation-response sequences: Dominance followed by submissive behavior; submissive behavior followed by dominance; friendliness followed by friendliness; and hostility followed by hostility. Comparisons between outcome groups showed no differences in therapist complementarity during the early stage (as predicted); a significantly lower level of therapist complementarity for the successful group during the middle stage (contrary to prediction). Furthermore, during the early stage of therapy more disturbed clients elicited greater therapist complementarity (as predicted). Two significant points are: (1) No single level of therapist complementarity is associated with successful, as opposed to unsuccessful, outcome; and (2) The therapeutic timing of complementarity levels is crucial to facilitate constructive client change. (Author/PC)

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Client-Therapist Complementarity and Therapeutic Outcome[1]

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One of the major tenets of relationship psychotherapy is that the client and therapist have a reciprocal impact on each other, i.e., the behavior of each participant tends to influence the behavior of the other (Leary, 1957; Kell & Mueller, 1966; Cashdan, 1973). Research studies by Heller, Myers, and Kline (1963), Mueller (1969), Raush, Dittmann, and Taylor (1959), and Raush (1965) have demonstrated, in various dyadic settings, the predictability of interpersonal behavior patterns, i.e., that a particular behavior (elicitation) by one person will, with a high probability, be followed by a specific behavior (response) from the other. In terms of the Leary Interpersonal Circumplex (1957), these high probability interactions include the following elicitation-response sequences:

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[1]This study is based on portions of a doctoral dissertation submitted by the first author, under the direction of the second author, to the Psychology Department, Michigan State University. The authors wish to thank Drs. Ken Hall and Tom Spierling for their important contributions in tape ratings, and Dr. Mary Leichty, Dr. Dozier Thornton, and the late beloved Dr. Bill Kell, members of the doctoral committee, for their helpful suggestions and comments.

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dominance followed by submissiveness; submissiveness followed by dominance; friendliness followed by friendliness; and hostility followed by hostility.

Carson (1969) refers to these high probability interactions as "complementary" and purposes that their frequency is related to the fact that such complementary interactions are reinforcing to both participants, contribute to the maintenance of existing behavior patterns, reduce anxiety, and promote increased relatedness.

Conversely, anti-complementary interactions (i.e., dominant-dominant; submissive-submissive; friendly-hostile; and hostile-friendly exchanges) purportedly generate increased anxiety, are behaviorally-disconfirming (non-reinforcing), and raise the possibility of the relationship terminating (Carson, 1969).

Based on these reciprocity and complementarity hypotheses, this study was designed to investigate the relationship between client-therapist interaction patterns and therapeutic outcome. One of the main assumptions was that there would be differing levels of therapist complementarity at various stages of the therapeutic relationship for successful, as opposed to unsuccessful, dyads.

It was necessary, as an initial part of the study, to develop a procedure for deriving the therapist complementarity index; an index which would accurately reflect the level of response by response complementarity exhibited by a therapist during a given session(s). To accomplish this a 4 X 4 Interaction Matrix was constructed (see Table 1). Each interaction cell was weighted (3, 2, or 1) to reflect the relative level of complementarity (as defined by theory and research) in that specific

behavioral exchange. Subsequently, inserting the proportions of rated interactions into the proper cells, multiplying each proportion by the cell weighting, and summing the weighted proportions across all 16 cells resulted in a complementarity index (CI) for a given therapist at a given period in therapy.

Insert Table 1 about here

Therapist Complementarity and Client Change

In the few articles which are available, there are opposing views concerning the relationship between therapist complementarity levels and therapeutic outcome. Carson (1969), in a theoretical presentation, proposed that successful client change occurs in those relationships where the therapist responds at a relatively low level of complementarity to the client's eliciting behaviors: "The therapist must avoid the adoption of an interpersonal position complementary to and confirmatory of the critical self-protective position to which the client will almost invariably attempt to move in the course of the therapeutic interaction (p. 280)." Halpern (1965), writing from a somewhat different theoretical orientation but in basic agreement, suggests: "For psychotherapy to succeed the therapist must avoid becoming unwittingly ensnared in the disturbance-perpetuating maneuvers of his patient (p. 177)." Beier (1966) likewise concurs: "One can see the therapeutic process as one in which the therapist refuses to reinforce the patient's present state of adjustment by refusing to make the response the patient forcefully evokes in him (p. 13)." Although there is abundant theoretical support for this position, the author was unable to find any prior research articles.

Swensen (1967) took an opposing position, hypothesizing a direct relationship between client-therapist complementarity and therapeutic outcome. He assumed that highly complementary relationships would be the most "harmonious and satisfying" for both participants and consequently most successful (pp. 7-8). In three reported studies, the results generally support his predictions (Swensen, 1967). However, his complementarity indices were based on MMPI predictor scores which have been found to be only moderately correlated with actual behavioral ratings (Leary & Coffey, 1955). Hypothesis I represents a reevaluation of the Carson and Swensen positions, utilizing the behaviorally-based procedures for deriving the CI values (described earlier):

> Hypothesis I: There will be significant differences in the level of therapist complementarity between the successful and unsuccessful outcome groups.

A second part of the study involved an analysis of client-therapist complementarity patterns (and outcome) during various stages of psychotherapy. After a careful consideration of the differing tasks which confront the therapist during the various phases of the therapeutic relationship (i.e., early, middle, and later), it seemed reasonable to assume that the therapists' behavior stance, in both outcome groups, would be marked by periods of both high and low levels of complementarity, rather than a single complementarity posture throughout the relationship.

Early Stage

During the early stage of psychotherapy, the primary task includes the development of a relationship in which the client experiences a sense of rapport, trust, warmth, safety, and security with the therapist. To

facilitate such, it was assumed that the therapist, either intuitively or consciously, would have to maintain a moderately high level of complementarity in response to the client's elicitations. To take a more anti-complementary stance early in the relationship, would induce prematurely a reduction in security operations, a threat to the self-system, and heightened anxiety which would increase the possibility of early termination or increased defensiveness and resistance. Thus, it was assumed that all therapists, regardless of subsequent outcome, would exhibit a moderately high level of complementarity during the early stage of psychotherapy.

Hypothesis II: During the early stage of psychoterapy, there will be no significant differences in the level of therapist complementarity between the successful and unsuccessful outcome groups.

Middle Stage

Assuming the adequate completion of the relationship-building tasks, it was expected that the middle, or "work" stage of psychotherapy would reveal the greatest differences in therapist complementarity patterns between the two outcome groups. In line with the above assumptions, it was expected that the interactions in successful relationships would be marked by significantly lower levels of therapist complementarity when compared with the unsuccessful dyads. Maintaining an anti-complementary stance would result in a disconfirmation of the client's presenting behavior repertoire, launching the client into a search for new behaviors with which to achieve a new, more flexible sense of self and an increased level of interpersonal integration. Conversely, therapists who continue to provide behaviors of a highly complementary variety would presumably reinforce (confirm, validate) the constricted, pre-therapy behavior patterns

of the client leading to no change or deterioration (unsuccessful outcome).

Hypothesis III: During the middle stage of psychotherapy, the level of therapist complementarity will be significantly lower in the successful, as opposed to unsuccessful, outcome group.

Later Stage

It was assumed that the later stage of psychotherapy would be characterized by significantly higher levels of therapist complementarity in the successful, as opposed to unsuccessful, dyads. Where successful client change had been initiated during the previous stage of therapy, it was expected that the therapist would move back to a highly complementary stance, to reinforce and further strengthen the newly-acquired, more expanded, range of client behaviors. In the unsuccessful dyads, a moderate level of therapist complementarity was expected to continue although at a level significantly lower than in the successful dyads.

Hypothesis IV: During the later stage of psychotherapy, the level of therapist complementarity will be significantly higher in the successful, as opposed to unsuccessful, outcome group.

Client Maladjustment and Therapist Complementarity

A third part of the study examined the relationship between the degree of manifest client maladjustment and the level of therapist complementarity during the early stage of psychotherapy. Leary (1957) and Carson (1969) have suggested that the range of behaviors exhibited by a person reflects their level of personal adjustment. They point out that

individuals who, in differing situations and following various eliciting behaviors, exhibit the same, inflexible, within-class behaviors can be viewed as functioning toward the "severely maladjusted" end of the adjustment continuum, whereas individuals who are able to respond flexibly (across behavioral classes) and complementarily to a broad range of situations and elicitations, are seen as being psychologically healthy. Carson continues by suggesting that the degree of client maladjustment will directly influence the level of therapist complementarity. Clients who enter therapy severely maladjusted (i.e., their behavioral repertoire is restricted to a small portion of the Circumplex) have a stronger "investment" in obtaining and maintaining a particular interpersonal stance with the therapist. In addition, they are presumably strongly interested in forcing the therapist into a complementary stance and are willing to use "rule-breaking" behaviors (symptoms) to accomplish this goal.

Thus, although therapist complementarity levels were not expected to be related to outcome during the initial phase of psychotherapy (see Hypothesis II), they were expected to exhibit a direct relationship to the degree of manifest client maladjustment.

> Hypothesis V: During the early stage of psychotherapy, the level of therapist complementarity will be directly related, at a significant level, to the degree of manifest client maladjustment.

Method

Subjects

Psychotherapeutic cases (N=20) were obtained from the research library at the Michigan State University Counseling Center. All clients were late

adolescents, undergraduates, and self-referrals seeking help primarily for personal/social problems.

The therapists represented two levels of experience: (1) a staff group including seven Ph.D. counseling and clinical psychologists with 2 to 20 years of psychotherapy experience, and (2) a therapist-in-training group composed of four second-year interns, eight first-year interns, and one practicum student. Except for the practicum student, all interns had completed an average of two years of supervised counseling.

Therapy cases were selected on the basis of three criteria: (1) clients remained in therapy for at least nine sessions; (2) Pre- and post-therapy MMPI profiles had to be available since these data were utilized to determine therapeutic outcome; and (3) Audiotapes, from the six sessions which were rated, had to be available. Beyond these considerations, an attempt was made to balance the two outcome groups for sex of client, sex of therapist, and number of therapy sessions seen. A summary of client and therapist characteristics is presented in Table 2.

Insert Table 2 about here

Behavioral Analysis System

To obtain client and therapist behavior ratings, six sessions per case were selected including the first and second, median and pre-median, and last and next-to-last sessions. A 15-minute segment of each selected session was rated. The rated segment was begun at 15 minutes into the session and ended at 30 minutes into the session.

The method of tape analysis involved the interpersonal system of behavioral analysis developed by Freedman, L[illegible]v, & Coffey (1951), and elaborated by LaForge & Suczek (1955) and LaForge (1963). According to this method, each response unit (an uninterrupted speech) of client and therapist is scored and located in one of four quadrants (friendly-dominant, friendly-submissive, hostile-dominant, or hostile-submissive) defined by two orthogonally-positioned axes: a dominant-submissive axis and an affiliative-disaffiliative axis. Illustrative verbs for the four quadrants include: (1) dominate, teach, give, support (friendly-dominant); (2) love, cooperate, trust, admire (friendly-submissive); (3) submit, condemn self, distrust, complain (hostile-submissive); (4) hate, punish, reject, boast (hostile-dominant). In scoring the responses, raters were to empathize with the person who was responding from the position of the person to whom the behavior was directed (Freedman, et al., 1951). Both raters were advanced graduate students in counseling psychology (with two years of supervised psychotherapy experience) and were well qualified to perceive and assess the subtleties of therapeutic communications. Ratings were made following an extensive training period with tapes from another source.

Inter-Rater Reliability

Thirty-nine of the 120 tape segments were selected to determine inter-judge reliability of the Interpersonal Scoring System. Since both raters served as primary rater on separate portions of the sample, it was necessary to determine both the degree to which Rater 2 agreed with Rater 1, and vice versa. Mean per cent agreement (over the four rating categories) of Rater 2 with Rater 1 was 82.61%. Mean per cent agreement of

Rater 1 with Rater 2 was 82.00%. (Mean per cent agreement at the chance level would be 25.0%.) Within a specific rating category, there were no per cent agreement values below 71%.

Therapist Complementarity Index

The client and therapist behavior ratings provided the basic data from which therapist complementarity indices were calculated. With client as sender and therapist as respondent, a 4 X 4 interaction matrix was constructed containing an "interaction cell" (see Table 1) for all possible interactions. All 16 cells were assigned weightings (3, 2, or 1) to reflect the relative level of complementarity (suggested by theoretical and research findings) in that behavioral exchange. For example, the friendly-submissive→friendly-dominant interaction was given the largest weighting (3) since this sequence is considered complementary on both Circumplex axes, whereas the friendly-submissive→hostile-submissive interaction was given the smallest weighting (1) since it is anti-complementary on both axes.

Inserting the proportions of rated interactions from a given time segment(s), (i.e., therapy stage), into the respective cells, multiplying by the appropriate weightings, and summing across the 16 cells, resulted in a "complementarity index" (CI) which reflected the general pattern of therapist complementarity during that period of therapy. Larger CI values represented higher levels of complementarity whereas smaller CI values resulted from a series of exchanges where the therapist was less complementary in response to the client's eliciting behaviors.

Therapeutic Outcome

Client change was assessed via clinicians' ratings of pre- and post-therapy MMPI profiles. Three clinical judges who had considerable experience with MMPI interpretation, were instructed to "determine changes in the MMPI as an indication of psychological change" on a 5-point scale with 5 = satisfactory and 1 = unsatisfactory. Average ratings were used to place clients in one of two dichotomous outcome groups: successful or unsuccessful. An average rating of < 3.00 represented the upper limit for the unsuccessful category with > 3.00 as the lower limit for the successful category. The final sample (N=20) included 10 successful and 10 unsuccessful cases.

Two reliability checks on the clinical MMPI ratings were made: (1) an intra-judge reliability check to determine the agreement between the two ratings (a week apart) for a given judge; and (2) inter-judge reliability to determine how well the three judges agreed for a given client. Intra-judge reliability (*t* computed from Pearson correlations) for Judge 1 was $t = 10.60$, $p < .005$; for Judge 2 was $t = 6.09$, $p < .005$; and for Judge 3 was $t = 12.59$, $p < .005$. Utilizing the intraclass correlation formula (Ebel, 1951), inter-judge reliability on the MMPI ratings was $r = .91$, $p < .005$.

Concurrent validity for this outcome measure was also demonstrated by significant correlations, in expected directions, with three other accepted outcome measures: (1) Post-therapy ego strength ($r = .68$, $p < .05$), (2) Post-therapy self-esteem ($r = .59$, $p < .05$), and (3) Post-therapy MMPI F-scale scores ($r = -.66$, $p < .05$). In addition, a post hoc analysis of client behavior changes (from early to later stages of therapy) revealed

that high clinical MMPI ratings were related to positive shifts in behavior patterns from rigid, inflexible, within-quadrant repertoires (early stage) to more varied, flexible, across-quadrant patterns (later stage).

Client Maladjustment Measure

Behavior ratings from the early stage of therapy (first and second sessions) were used to calculate a "behavioral coordinate" (the point on the Circumplex grid defined by the client's dominant-submissive and friendly-hostile scores) for each client. The "dominance proportion" and "friendly proportion" scores were converted to standard scores and then to T-scores (mean = 50, S.D. = 10). A Circumplex grid was constructed with a T-score of 50 defining the intersection of the two axes. Individual behavioral coordinates were plotted and the distance from the coordinate to the center of the grid became the client's "maladjustment index" (MI). A large MI resulted when a client's coordinate was located toward the outer rim of the grid (such occurred when a client responded almost exclusively from a single quadrant). Small MIs occurred when coordinates were close to the center of the grid (representing a response pattern involving all behavioral quadrants). (See Figure 1 for examples.)

Insert Figure 1 about here

Results

When the level of therapist complementarity during the entire therapeutic relationship was examined, there were no significant differences ($t = 1.309$, $p > .05$) between the successful and unsuccessful outcome groups.

(Hypothesis I, Table 3). Note, however, the tendency for therapists in the successful group to function at a somewhat lower level of complementarity than "unsuccessful" therapists.

Insert Table 3 about here

As the results in Table 4 (and Figure 2) indicate, there were no significant differences ($t = 0.716$, $p > .05$) in level of therapist complementarity between successful and unsuccessful cases during the early stage of therapy. Hypothesis II is therefore tenable. All therapists responded at a moderate level of complementarity with "successful"

Insert Table 4 & Figure 2 about here

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therapists exhibiting a somewhat higher trend. During the middle stage of therapy, successful therapists responded at a significantly lower level of complementarity when compared to unsuccessful therapists (see Table 4 and Figure 2; $t = 3.026$, $p < .005$). Hypothesis III was therefore supported, at a very significant level, by the data.

During the later stage of therapy, there were no significant differences ($t = 1.189$, $p > .05$) in therapist complementarity levels between the successful and unsuccessful groups (see Table 4 and Figure 2). The slight trend toward lower therapist complementarity in the successful dyads was, in fact, in the opposite direction from the hypothesis. Hypothesis IV was therefore not supported by the data.

When the degree of client maladjustment (MI values) was related to level of therapist complementarity, during the initial phase of therapy, a

rank correlation coefficient $r' = +.51$ ($p < .02$) was obtained. This significant correlation supported Hypothesis V which proposed that more severely maladjusted clients would elicit higher levels of complementarity from their therapists.

Discussion

Several comments about the Interaction Matrix and Complementarity Indices (CI). Assuming that the reward value of a given behavioral exchange is defined by the relative frequency with which it occurs, the present data provides additional support for the complementarity principle as well as the cell weightings in the Interaction Matrix: the greatest proportion of client-therapist interactions (55%) occurred in the cells weighted by "3"; 29% of the interactions occurred in the cells weighted by "2"; and 16% occurred in the cells weighted by "1."

A Goodness of Fit test on the CI values derived from the Interaction Matrix indicated that they approximated a normal distribution. Thus, this method of quantifying the concept of complementarity provides a distribution of scores which is amenable to a broad array of statistical procedures.

In considering the level of therapist complementarity exhibited over the entire therapeutic relationship, the current results revealed nonsignificant differences between the successful and unsuccessful dyads. The moderate trend toward lower levels in the successful dyads was in the direction suggested by Beier (1966) and Carson (1969).

The levels of therapist complementarity during the various stages of therapy were, in most part, in the hypothesized directions and revealed

some interesting patterns (see Figure 2). During the early stage, there were nonsignificant differences in therapist complementarity levels between the two outcome groups. Nearly all therapists responded to client elicitations at a moderately high level of complementarity with "successful" therapists exhibiting a slightly higher level of confirming responses than "unsuccessful" therapists. These trends suggest that in each of the dyads during this stage of therapy, therapists are responding in behaviorally-confirming, security-maintaining, and relationship-enhancing ways, with the "successful" therapists slightly out front.

Rosen (1972) recently published a cogent article on psychotherapy, conceptualizing the dual role of the therapist as social agent (providing relationship rewards) and change agent (providing behaviors to facilitate client change). The present results would suggest that the primary role of the therapist early in the relationship is that of social agent emitting behaviors which have been reinforcing to the client in previous social transactions.

During the initial stage of therapy, therapist complementarity levels were found to be directly related, at a significant level, to the degree of manifest client maladjustment (as measured by the range of interpersonal behaviors in the first and second sessions). This relationship between therapist complementarity and client maladjustment was unrelated to outcome and was no longer present during the remaining therapeutic stages. Several tentative explanations are offered: (1) Clients who have very few low-anxiety behavioral modes are more "expert" at eliciting complementary responses from the other dyadic member; (2) Maladjusted clients possess more interpersonal leverage over the therapist early in the relationship due to the therapist's concerns for relationship-building tasks.

The middle stage of therapy was marked by significantly lower therapist complementarity levels in the successful, as opposed to unsuccessful, dyads. Secondly, in both outcome groups there were significant changes between early and middle stages with "unsuccessful" therapists becoming more complementary and "successful" therapists moving toward a more anti-complementary stance. Both significant trends are in keeping with the assumptions surrounding the complementarity principle: to facilitate client change, the therapist must avoid a confirming, security-enhancing stance to client elicitations; and therapists who become caught up in, or ensnared by, the client's constricted elicitations will reinforce these maladjusted behavioral modes, leading to no change or deterioration.

The prediction that therapist complementarity levels during the later stage of therapy would be significantly higher in the successful, as opposed to unsuccessful, dyads was not supported by the data. In fact, the same patterns exhibited during the middle sessions prevailed into later sessions in spite of a significant increase in complementarity levels in the successful dyads between middle and later stages. The most obvious explanation for these results derives from the psychotherapy orientation at the Counseling Center: there is a major emphasis on short-term therapy in which much of the "therapy work" which characterizes the middle sessions, extends on to the time of termination. Also, in the early speculations about therapist patterns it was not expected that "unsuccessful" therapists would exhibit such high levels of complementarity during any stage of the therapeutic relationship.

Several important points seem apparent: (1) No single level of therapist complementarity is associated with successful, as opposed to

unsuccessful, outcome; and (2) The therapeutic timing of complementarity levels is crucial to facilitate constructive client change.

The complementarity principle and the quantified CI distribution represent a relationship variable which is amenable to empirical investigation and clinical manipulation. Its applications to various clinical endeavors, including clinical training, are yet to be investigated.

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TABLE 1

The Interaction Matrix[1]

(x)=cell weight

p =proportion of cell interactions

Client Elicitations	Therapist Responses: Hostile-Dominant	Friendly-Dominant	Friendly-Submissive	Hostile-Submissive
Hostile-Dominant	(2)p	(1)p	(2)p	(3)p
Friendly-Dominant	(1)p	(2)p	(3)p	(2)p
Friendly-Submissive	(2)p	(3)p	(2)p	(1)p
Hostile-Submissive	(3)p	(2)p	(1)p	(2)p

Complementarity Index (CI) = Σ column + Σ column + Σ column + Σ column

[1]Adopted, in part, from R. Carson, 1969, p. 146.

TABLE 2

Client and Therapist Characteristics

Group	N	Client Sex		Therapist Sex		Mean Experience Level[a]	Mean Number of Sessions[b]
		M	F	M	F		
Successful	10	4	6	6	4	2.50	15.00
Unsuccessful	10	5	5	8	2	1.80	17.40

[a]Experience Level: 1 = Senior Staff
2 = 2nd year Intern
3 = 1st year Intern
4 = Practicum Student

[a]$t = 1.662$, NS

[b]$t = 1.365$, NS

TABLE 3

Level of Therapist Complementarity (All Sessions)

and Therapeutic Outcome

Group	N	Mean	SD	t	DF
Successful	10	47.17	10.23	1.309*	18
Unsuccessful	10	52.90	8.18		

* Not significant.

TABLE 4

Level of Therapist Complementarity During the Three Stages of Therapy for the Two Outcome Groups

Group	Early Stage			Middle Stage			Later Stage		
	Mean	SD	t	Mean	SD	t	Mean	SD	t
Successful	52.83	10.91	0.716*	42.00	11.03	3.026**	48.25	11.77	1.189*
Unsuccessful	47.87	17.67		56.78	9.63		53.39	5.48	

* Not significant.

** $p < .005$, $df = 18$.

Figure Captions

Figure 1. Behavioral coordinates representing two levels of client maladjustment: "severe" and "moderate."

Figure 2. Level of therapist complementarity during three stages of psychotherapy in the two outcome groups.

(1) "SEVERE" CLIENT

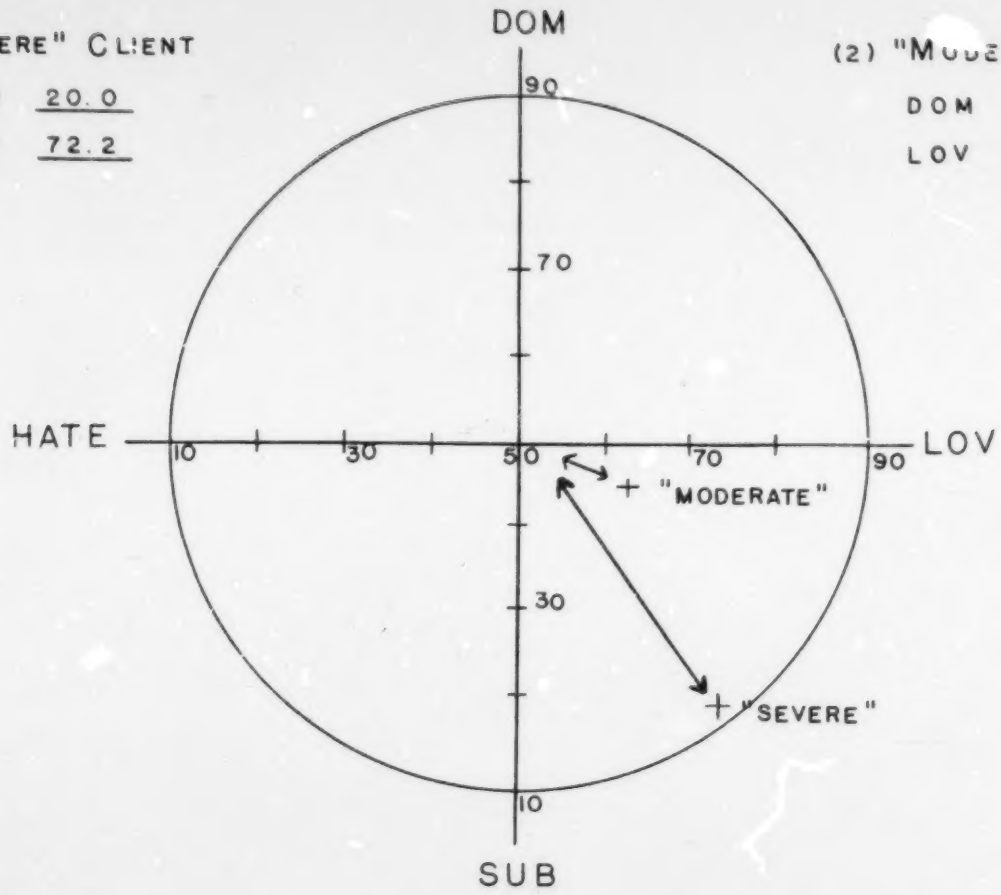
DOM 20.0

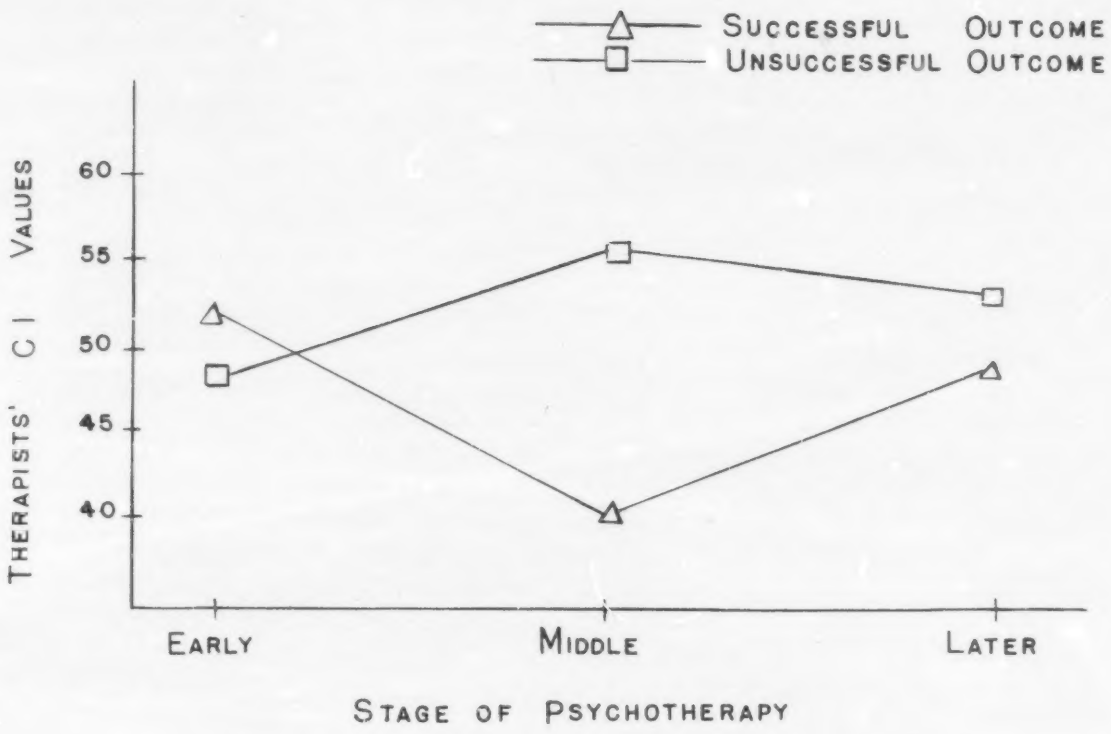
LOV 72.2

(2) "MODERATE" CLIENT

DOM 45.3

LOV 61.0




SUCCESSFUL OUTCOME
UNSUCCESSFUL OUTCOME
THERAPISTS' CI VALUES
60
55
50
45
40
EARLY
MIDDLE
LATER
STAGE OF PSYCHOTHERAPY